



# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 2 8 - 0 2 9	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
<b>IMPORTANT</b> LOYD WILLIAMS (2) 028-029 PLUMBERS AFL-CIO 530 IU 393 370 UMBARGER ROAD SAN JOSE, CA 95111 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME _____			
5. DESIGNATION (Local, Lodge, etc.) _____		6. DESIGNATION NUMBER _____	
7. UNIT NAME (if any) _____			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
11	SEE ATTACHED SUPPORTING SCHEDULE
12	SEE ATTACHED SUPPORTING SCHEDULE
14	INDEPENDENT AUDITOR: PARRISH & PETERSON ACCOUNTANCY CORP. AUDIT IN PROGRESS
23	SEE ATTACHED SUPPORTING SCHEDULE

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Alfred L. Martone</u> <u>3 12 9 10 1</u> (408) 225-3030 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Lloyd Williams</u> <u>3 12 9 10 1</u> (408) 225-3030 Date Telephone Number	TREASURER (If other title, see instructions.)
----------------------------------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------------------------------------------------	--------------------------------------------------

*During the Reporting Period Did Your Organization:*

- |                                                                                                                                                                                                          | Yes                                 | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 0 6 6
19. What is the date of your organization's next regular election of officers?  
MO YEAR  
1 2 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>1.16</u> per <u>HOURLY</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>1,152.00</u> - <u>4,251.00</u>
(c) Transfer Fees	\$ <u>NONE</u>
(d) Work Permits	\$ <u>19.00</u> per <u>WEEK</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 8 — 0 2 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
			Item	
ASSETS	25. Cash .....	1	4 3 9 2 5 8 9	2 4 5 4 9 2 8
	26. Accounts Receivable .....		0	0
	27. Loans Receivable .....		0	4 1 2 5
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	2 6 2 1 7 0	6 4 2 3 5
	30. Fixed Assets .....	5	8 4 9 1 2	5 8 1 7 3 5 3
	31. Other Assets .....	3	2 4 0 2	2 3 0 7 0 3
	32. TOTAL ASSETS .....		4 7 4 2 0 7 3	8 5 7 1 3 4 4
LIABILITIES	33. Accounts Payable .....	8	0	0
	34. Loans Payable .....		0	0
	35. Mortgages Payable .....		0	2 8 6 1 2 1 5
	36. Other Liabilities .....		4	4 9 9 5 5
	37. TOTAL LIABILITIES .....		4 9 9 5 5	2 9 2 7 6 7 5
	38. NET ASSETS (Item 32 less Item 37) .....		4 6 9 2 1 1 8	5 6 4 3 6 6 9

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 8 — 0 2 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			1 9 0 9 7 5 8	56. To Officers .....	9		3 3 5 4 5 2
40. Per Capita Tax .....			0	57. To Employees .....	10		1 9 3 1 4 4
41. Fees .....			1 2 8 1 7 5	58. Per Capita Tax .....			1 0 3 9 5 4 3
42. Fines .....			1 8 0 4	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			1 8 9 6 0 5 1	60. Office & Administrative Expense ....	13		2 2 4 7 0 1
44. Work Permits .....			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies .....			2 1 6 8	62. Professional Fees .....			1 5 4 6 8 6
46. Interest .....			1 9 7 6 6	63. Benefits .....	11		4 5 2 4 7 6
47. Dividends .....			1 5 7 4 7 4	64. Contributions, Gifts & Grants .....	12		1 5 4 8 5 9
48. Rents .....			1 2 4 5 5 2	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		1 9 7 0 3 7	66. Direct Taxes .....			5 8 5 9 7
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			2 2 5 3 6 8
51. Repayments of Loans Made .....	1		3 7 2 5	68. Purchase of Investments & Fixed Assets .....	7		2 8 6 9 4 8 0
52. On Behalf of Affiliates for Transmittal to Them .....			0	69. Loans Made .....	1		7 8 5 0
53. From Members for Disbursement on Their Behalf .....			4 3 9 0 0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		1 3 0 3 3 6	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			4 3 9 0 0
				73. Other Disbursements .....	15		7 9 2 3 5 1
55. TOTAL RECEIPTS .....			4 6 1 4 7 4 6	74. TOTAL DISBURSEMENTS .....			6 5 5 2 4 0 7

FILE NUMBER: 0 2 8 - 0 2 9

## SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	235
2. Total Book Value	235
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	64,000
5. Total Book Value	64,000
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) INVESTMENTS IN PSP	64,000
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	6 4 2 3 5
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 0 2 8 - 0 2 9

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOSITS - WORKERS' COMP	2,077
2. DEPOSIT/COLLATERAL - CD	211,179
LOAN FEES -	
3. NET OF AMORTIZATION	17,447
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 3 0 7 0 3
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. BENEFITS PAYABLE	14,194
MEMBERS VACATION TRUST	
2. FUND TO FORWARD	50,151
3. PAYROLL LIABILITIES	2,115
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6 6 4 6 0
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 2 8 - 0 2 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 6150 COTTLE ROAD, SAN JOSE, CA 95123	1,372,355		1,372,355	
2. Totals from additional pages (if any)	1,524,194		1,524,194	
3. Buildings (give location): 6140 COTTLE ROAD, SAN JOSE, CA 95123	2,286,291	23,816	2,262,475	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	110,009	104,301	5,708	
6. Office Furniture and Equipment	243,147	197,961	45,186	
7. Other Fixed Assets	784,983	177,548	607,435	
8. Totals of Lines 1 through 7	6,320,979	503,626	5,817,353	UNKNOWN

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)


# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MORTGAGE BACKED SECURITIES	207,782	197,934	197,037	197,037
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	207,782	197,934	197,037	197,037
				7. Less Reinvestments
				0
				8. Net Sales
				197,037






Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 8 — 0 2 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. LAND - 6150 COTTLE ROAD, SAN JOSE, CA 95123	1,372,355	1,372,355	867,658
2. CONSTRUCTION IN PROGRESS - 6150 COTTLE ROAD, SAN JOSE CA 95123	607,309	607,309	0
3. LAND - 6140 COTTLE ROAD, SAN JOSE, CA 95123	1,524,194	1,524,194	818,940
4. BUILDING - 6140 COTTLE ROAD, SAN JOSE, CA 95123	2,286,291	2,286,291	1,178,880
5. Totals from additional pages (if any)	4,002	4,002	4,002
6. Totals of Lines 1 through 5	5,794,151	5,794,151	2,869,480
	7. Less Reinvestments		0
	8. Net Purchases		2 8 6 9 4 8 0
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in .....  Item 34 .....  Item 50 .....  Item 70 .....  Item 75 .....  Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 8 - 0 2 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name First Name 1. MARTINEZ ALFRED		2 0 1 2	0	4 6	0	2 0 5 8
Title PRESIDENT Status C						
Last Name First Name 2. HIRSH FRED		2 1 6 8	0	7 2 3 7	0	9 4 0 5
Title VICE - PRESIDENT Status C						
Last Name First Name 3. LAPEARLE WAYD		1 4 1 6	0	0	0	1 4 1 6
Title RECORDING SEC Status C						
Last Name First Name 4. WILLIAMS LOYD		9 4 9 2 3	0	4 7 7 4	1 4 7 6	1 0 1 1 7 3
Title BUS MANAGER Status C						
Last Name First Name 5. MIZE ROBERT		9 9 2 7 1	0	1 3 5 4	6 4 0	1 0 1 2 6 5
Title BUSINESS AGENT Status C						
Last Name First Name 6. LOWNY HAROLD		8 5 5 8 2	0	2 5 7 5	4 8 1	8 8 6 3 8
Title BUS AGENT / ORG Status C						
Last Name First Name 7. LANCASTER RAYMOND		8 7 6 5 8	0	3 1 3 4	9 9 3	9 1 7 8 5
Title BUSINESS AGENT Status C						
8. Totals from additional pages (if any)		120,620	0	236	1,665	122,521
9. Totals of Lines 1 through 8		493,650	0	19,356	5,255	518,261
				10. Less Deductions 1 8 2 8 0 9		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 3 3 5 4 5 2		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 8 - 0 2 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. SAKAMOTO MARILYN Position OFFICE STAFF Name of Affiliated Organization N / A	4 9 6 8 7	0	0	0	4 9 6 8 7
2. BATEY SANDRA Position OFFICE STAFF Name of Affiliated Organization N / A	4 1 3 0 6	0	0	0	4 1 3 0 6
3. SANTANA MARLEEN Position OFFICE STAFF Name of Affiliated Organization N / A	4 4 3 0 6	0	0	0	4 4 3 0 6
4. DOMINQUEZ NATALIE Position OFFICE STAFF Name of Affiliated Organization N / A	1 9 7 0 4	0	0	0	1 9 7 0 4
5. FOLEY SUSAN Position OFFICE STAFF Name of Affiliated Organization N / A	4 7 8 7 2	0	0	0	4 7 8 7 2
6. Totals from additional pages (if any)	61,434	0	1,090	0	62,524
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	36,538	0	1,543	0	38,081
8. Totals of Lines 1 through 7	300,847	0	2,633	0	303,480
9. Less Deductions			1 1 0 3 3 6		
Enter the Total from Line 10 in..... Item 57 ➞			10. Net Disbursements 1 9 3 1 4 4		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 2 8 — 0 2 9

Description (A)	To Whom Paid (B)	Amount (C)
1. DEATH BENEFITS	BENEFICIARY	72,500
2. DISABILITY PAYMENTS	DISABLED MEMBERS	20,452
3. HEALTH & WELFARE	TRUST FUNDS	92,388
4. PENSION	TRUST FUNDS	230,919
5. Total from additional pages (if any)		36,217
6. Total of Lines 1 through 5		4 5 2 4 7 6
Enter the Total from Line 6		Item 63

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE & CIVIC	82,090
2. LABOR ORGANIZATION/ ACTIVITIES	33,650
3. FLOWERS & MEMORIALS	1,928
4. GIFTS & AWARDS	24,072
5. BALLOT MEASURE DONATIONS	10,000
6. ATTENDANCE INCENTIVES	3,119
7. Total from additional pages (if any)	0
8. Total of Lines 1 through 7	1 5 4 8 5 9
Enter the Total from Line 8 in	
Item 64	

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	29,419
2. OFFICE SUPPLIES & EXPENSES	19,738
3. ADMINISTRATIVE FEES	2,250
4. TELEPHONE	22,090
5. REPAIRS & MAINTENANCE	12,243
6. EQUIPMENT RENTAL	7,587
7. Total from additional pages (if any)	131,374
8. Total of Lines 1 through 7	2 2 4 7 0 1
Enter the Total from Line 8 in	
Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. REFUNDS & REIMBURSEMENTS	51,151
MEMBERS TRUST FUND	
2. VACATION MONIES	74,607
DISABILITY INSURANCE	
3. REIMB. FROM EMPLOYEE	4,578
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	0
17. Total of Lines 1 through 16	1 3 0 3 3 6
Enter the Total from Line 17 in ..... Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. WAGE EQUALITY	277,351
2. SOFTBALL TEAM EXPENSE	2,682
3. REFUNDS OF DUES & FEES	6,622
4. NSF CHECKS	704
5. ELECTION EXPENSE	6,778
VACATION/DUES/SVGS	
6. WITHHELD & FORWARDED	67,819
MEMBERS TRUST FUND/	
7. VACATION REMITTED	58,390
8. LOAN FEES	18,205
9. DEPOSIT/COLLATERAL - CD	211,179
10. RENTAL EXPENSES (SEE	
ATTACHED SUPPORTING	
11. SCHEDULE)	142,621
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	0
17. Total of Lines 1 through 16	7 9 2 3 5 1
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:  
**PLUMBERS AFL-CIO LU 393**

ENDING DATE OF PERIOD COVERED: **12/31/00**

FILE NUMBER: **028-029**

PAGE **1** OF **10** ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <b>J O H N S T O N</b> First Name <b>J A M E S</b>		<b>9 9 0 7 6</b>	<b>0</b>	<b>1 3 1</b>	<b>1 6 6 5</b>	<b>1 0 0 8 7 2</b>
Title <b>B U S I N E S S A G E N T</b> Status <b>C</b>						
Last Name <b>S E C O R</b> First Name <b>J A M E S</b>		<b>9 0 8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9 0 8</b>
Title <b>I N S I D E G U A R D</b> Status <b>C</b>						
Last Name <b>C A R R A S C O</b> First Name <b>R U D O L P H</b>		<b>1 6 9 3</b>	<b>0</b>	<b>4 6</b>	<b>0</b>	<b>1 7 3 9</b>
Title <b>E X E C U T I V E B O A R D</b> Status <b>C</b>						
Last Name <b>K A R B O W S K I</b> First Name <b>R I C H A R D</b>		<b>4 9 6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 9 6</b>
Title <b>E X E C U T I V E B O A R D</b> Status <b>C</b>						
Last Name <b>S T E G E M A N</b> First Name <b>R I C H A R D</b>		<b>9 8 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9 8 9</b>
Title <b>E X E C U T I V E B O A R D</b> Status <b>C</b>						
Last Name <b>V I R A M O N T E S</b> First Name <b>N O R M A N</b>		<b>4 8 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 8 9</b>
Title <b>E X E C U T I V E B O A R D</b> Status <b>C</b>						
Last Name <b>S A H N I</b> First Name <b>N A V I N</b>		<b>1 2 2 5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1 2 2 5</b>
Title <b>F I N C O M M I T T E E</b> Status <b>C</b>						
Last Name <b>M A R A G O N I</b> First Name <b>G I N O</b>		<b>9 8 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9 8 9</b>
Title <b>F I N C O M M I T T E E</b> Status <b>C</b>						
<b>Totals</b>		<b>105,865</b>	<b>0</b>	<b>177</b>	<b>1,665</b>	<b>107,707</b>

ORGANIZATION NAME: **PLUMBERS AFL-CIO LU 393**

ENDING DATE OF PERIOD COVERED **12/31/00**

FILE NUMBER: **0 2 8 - 0 2 9**

PAGE **2** OF **10** ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <b>D A V I S</b> First Name <b>C A R L I N</b>		<b>8 2 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8 2 3</b>
Title <b>F I N C O M M I T T E E</b> Status <b>C</b>						
Last Name <b>S M I T H</b> First Name <b>M I C H A E L</b>		<b>4 3 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 3 9</b>
Title <b>N E G C O M M I T T E E</b> Status <b>C</b>						
Last Name <b>F I S C H E R</b> First Name <b>T H O M A S</b>		<b>2 1 9 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2 1 9 0</b>
Title <b>N E G C O M M I T T E E</b> Status <b>C</b>						
Last Name <b>A L E X A N D E R</b> First Name <b>T H O M A S</b>		<b>1 8 7 9</b>	<b>0</b>	<b>4 5</b>	<b>0</b>	<b>1 9 2 4</b>
Title <b>N E G C O M M I T T E E</b> Status <b>C</b>						
Last Name <b>L O W N E Y</b> First Name <b>M E L V Y N</b>		<b>1 2 3 6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1 2 3 6</b>
Title <b>S T M F E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>P E T E R S O N</b> First Name <b>D A R Y L</b>		<b>2 4 8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2 4 8</b>
Title <b>S T M F E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>R I L E Y</b> First Name <b>J O S E P H</b>		<b>6 5 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6 5 3</b>
Title <b>S T M F E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>P A Y N E</b> First Name <b>L E O N A R D</b>		<b>7 4 1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7 4 1</b>
Title <b>P L M B E X A M B O A R D</b> Status <b>C</b>						
<b>Totals</b>		<b>8,209</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>8,254</b>

ORGANIZATION NAME: **PLUMBERS AFL-CIO LU 393**

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## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <b>C A S T R O</b> First Name <b>J A M E S</b>		<b>9 8 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9 8 9</b>
Title <b>P L M B E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>G O N Z A L E Z</b> First Name <b>P E T E R</b>		<b>6 6 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6 6 0</b>
Title <b>P L M B E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>S A L B E R G</b> First Name <b>M A R T I N</b>		<b>9 8 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9 8 9</b>
Title <b>P L M B E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>M A R T I N E Z</b> First Name <b>T . J .</b>		<b>9 8 9</b>	<b>0</b>	<b>1 4</b>	<b>0</b>	<b>1 0 0 3</b>
Title <b>P L M B E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>E S T E P</b> First Name <b>S C O T T</b>		<b>1 4 3 6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1 4 3 6</b>
Title <b>R E F E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>K E N N E D Y</b> First Name <b>S C O T T</b>		<b>9 0 8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9 0 8</b>
Title <b>R E F E X A M B O A R D</b> Status <b>C</b>						
Last Name <b>Z E P E D A</b> First Name <b>H E N R Y</b>		<b>5 7 5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5 7 5</b>
Title <b>R E F E X A M B O A R D</b> Status <b>C</b>						
Last Name _____ First Name _____						
Title _____ Status _____						
<b>Totals</b>		<b>6,546</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>6,560</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

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## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						



ORGANIZATION NAME: **PLUMBERS AFL-CIO LU 393**

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## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <b>S A K A M O T O</b> First Name: <b>K E L L Y</b> Position: <b>O F F I C E   S T A F F</b> Name of Affiliated Organization: <b>N / A</b>	<b>1 9 8 5 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1 9 8 5 0</b>
Last Name: <b>V I C A R I</b> First Name: <b>M A R L E N</b> Position: <b>O F F I C E   S T A F F</b> Name of Affiliated Organization: <b>N / A</b>	<b>3 1 1 5 1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3 1 1 5 1</b>
Last Name: <b>D O U G L A S</b> First Name: <b>W I L L I A M</b> Position: <b>P I C K E T</b> Name of Affiliated Organization: <b>N / A</b>	<b>1 0 4 3 3</b>	<b>0</b>	<b>1 0 9 0</b>	<b>0</b>	<b>1 1 5 2 3</b>
Last Name: _____      First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____      First Name: _____ Position: _____ Name of Affiliated Organization: _____					
<b>Totals</b>	<b>61,434</b>	<b>0</b>	<b>1,090</b>	<b>0</b>	<b>62,524</b>

ORGANIZATION NAME:

FILE NUMBER: \_\_\_\_\_

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**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES** *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<b>Totals</b>					

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## ITEM #11 (PAGE 2) - CREATE OR PARTICIPATE IN THE ADMINISTRATION OF A TRUST WHICH PROVIDES BENEFITS FOR MEMBERS:

<u>NAME &amp; ADDRESS</u>	<u>PURPOSE</u>	<u>PLAN I.D.#</u>	<u>PLAN #</u>
Plumbers U.A. Local 393 Health & Welfare Trust Fund 1120 So. Bascom Avenue San Jose, CA 95150-5057	Health & Welfare & Dental Supplemental Unemployment Benefits	94-6401544	501
U.A. Local No. 393 Defined Benefit Pension Plan and Defined Contribution Pension Plan 1120 So. Bascom Avenue San Jose, CA 95150-5057	To provide pension benefits	Benefit Plan: 94-6359772	002
		Contribution Plan: 94-6075617	003
Plumbing Industry Apprenticeship Non Profit Corporation 780 Commercial Street San Jose, CA 95112	Provide education to members	94-1482696	N/A

## ITEM #12 (PAGE 2) - PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS LOCAL 393 POLITICAL ACTION FUND:

Report filed with:

- Secretary of State  
Political Reform Division (California)
- Registrar-Recorder of Los Angeles County  
Campaign Reporting Unit
- Department of Elections, City and County of  
San Francisco, Campaign Statements
- Registrar of Voters, County of Santa Clara



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ITEM # 23 (PAGE 2) - ASSETS PLEDGED AS SECURITY

<u>Asset</u>	<u>Estimated Fair Market Value</u>
Land and building 6140 Cottle Road, San Jose, CA 95123	3,750,000
Land 6150 Cottle Raod, San Jose, CA 95123	1,350,000
Certificate of Deposit	11,179
Certificate of Deposit	200,000



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**SCHEDULE 1 (PAGE 5) - LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	<u>Repayments Received During Period</u>				Loans Outstanding at End of Period (E)
	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D) (1)	Other Than Cash (D)(2)	
Name: Randy Hunnam Purpose: Financial hardship Security: None Terms of Repayment: due on 9/12/2000	0	2,000	2,000	0	0
Name: Rubin Pedroza Purpose: Financial hardship Security: None Terms of Repayment: \$ 100/ month starting 5/1/2000	0	725	725	0	0
Name: Arthur Ramirez Purpose: Financial hardship Security: None Terms of Repayment: due on 5/31/2000	0	1,000	1,000	0	0
<b>Total</b>	<b>-</b>	<b>3,725</b>	<b>3,725</b>	<b>-</b>	<b>-</b>





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**SCHEDULE 5 (PAGE 7) - FIXED ASSETS**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
Land - 6140 Cottle Road San Jose, CA 95123	1,524,194	////	1,524,194	Unknown
Total	<u>1,524,194</u>	<u>-</u>	<u>1,524,194</u>	<u>Unkown</u>

**SCHEDULE 7 (PAGE 8) - PURCHASE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
Furniture & Equipment	4,002	4,002	4,002
Total	<u>4,002</u>	<u>4,002</u>	<u>4,002</u>

**SCHEDULE 11 (PAGE 11) - BENEFITS**

Description (A)	To Whom Paid (B)	Amount (C)
Other Fringe Benefits	Trust Funds	4,870
Workers Compensation	State Compensation Fund	17,347
Supplemental Death Benefits	Beneficiary	<u>14,000</u>
Total		<u><u>36,217</u></u>



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**SCHEDULE 13 (PAGE 11) - OFFICE & ADMINISTRATIVE EXPENSES**

Description (A)	Amount (B)
Printing	4,369
Postage	8,521
Publications & subscriptions	989
Newsletter	13,012
Public relations	315
Membership dues	2,155
Insurance	29,355
Computer access fees	1,500
Conferences, conventions & Meeting	54,533
Shredding	1,220
Internet fees	1,969
Bank service charges	145
Special Mailer	9,445
Data Storage	<u>1,619</u>
 Total	 <u><u>131,374</u></u>



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**SCHEDULE 15 (PAGE 12) - OTHER DISBURSEMENTS**

Description (A)	Amount (B)
Rental Expenses:	
Fees & Licenses	159
Office Expense	202
Security Services	75
Landscaping Services	748
Janitorial Services & Supplies	3,427
Management Fees	4,744
Property Tax	6,123
Property Insurance	6,358
Utilities	5,902
Mortgage Payment - Interest	49,741
Mortgage Payment - Principal	63,456
 Total	 <u><u>142,621</u></u>

